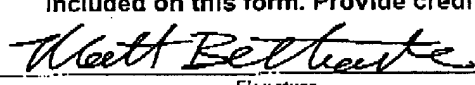


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. 62716/4
Applicant(s): Troy Miller			
Application No. 10/764,903	Filing Date January 26, 2004	Examiner Fredrick C. Conley	Group Art Unit 3673
Invention: ASSIST DEVICE FOR GETTING INTO AND OUT OF SITTING OR PRONE POSITIONS ON BEDS AND SIMILAR FURNITURE			
RECEIVED CENTRAL FAX CENTER AUG 15 2005			
I hereby certify that this _____ <u>Response to Office Action</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>)			
on <u>August 15, 2005</u> (Date)			
<u>Matthew S. Bethards</u> (Typed or Printed Name of Person Signing Certificate) <u>Matthew S. Bethards</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			
Transmitted: Certificate of Transmission by Facsimile (37 CFR 1.8) (1 pg.); Amendment Transmittal Letter (Small Entity) (1 pg.); Response to Office Action (8 pgs.)			
Total Pages Transmitted: 10			

P18/REV02

AMENDMENT TRANSMITTAL LETTER (Small Entity)				Docket No. 62716/4	
Applicant(s): Troy Miller					
Application No. 10/764,903	Filing Date January 26, 2004	Examiner Fredrick C. Conley	Customer No. 32642	Group Art Unit 3673	Confirmation No. 2320
Invention: ASSIST DEVICE FOR GETTING INTO AND OUT OF SITTING OR PRONE POSITIONS ON BEDS AND SIMILAR FURNITURE					
COMMISSIONER FOR PATENTS:					
Transmitted herewith is an amendment in the above-identified application.					
<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27					
The fee has been calculated and is transmitted as shown below.					
CLAIMS AS AMENDED					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	19	20	0	x \$25.00	\$0.00
INDEP. CLAIMS	5	5	0	x \$100.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2375 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
 _____ Signature			Dated: 8/15/05		
CC:			I certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to "Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450" [37 CFR 1.8(a)] on _____ _____ (Date) _____ Signature of Person Mailing Correspondence _____ Typed or Printed Name of Person Mailing Correspondence		

P11SMALL/REV09

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Appl. No. : 10/764,903 Confirmation No. 2320
Applicant : Troy Miller
Title : ASSIST DEVICE FOR GETTING INTO AND OUT OF
SITTING OR PRONE POSITIONS ON BEDS AND
SIMILAR FURNITURE
Filed : January 26, 2004
TC/A.U. : 3673
Examiner : Fredrick C. Conley
Docket No. : 62716/4
Customer No. : 32642

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO OFFICE ACTION

Dear Sir:

In response to the Office Action of July 22, 2005, please consider the following:

The **Listing of Claims** begins on page 2 of this paper.

Remarks/Arguments begin on page 7 of this paper.